MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9327 **CERTIFICATE OF DEATH**

09312
Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A A County
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Poplar Ridge, Pasadena

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Ridge, Pasadena, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Appel

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH: Oct. 28, 1872

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months 11 Days 6
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Commission Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Appel.

14. MOTHER'S MAIDEN NAME: Caroline Kemmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: George M. Appel, Manhattan Beach A.A.Co.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4927 Immediate cause	(a) Acute Coronary Thrombosis	15 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute atypical pneumonia	1 week
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 3, 1954, to Oct. 5, 1955, that I last saw the deceased alive on Oct. 4, 1955, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. M. McLaughlin, M.D ADDRESS Pasadena, Md. DATE SIGNED Oct. 6, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10/7/55 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REGISTRAR 10-6-55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Fred A. Cole ADDRESS 1913 W. Balto St

VS. A15

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9317 CERTIFICATE OF DEATH

09313

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place): 2 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 USNH, Annapolis

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundle

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis, Md.

STREET ADDRESS (If rural give location): ~~U.S. Naval Hospital~~ X 1

3. NAME OF DECEASED (Type or Print): (First) Karen (Middle) Marie (Last) Baker

4. DATE OF DEATH: (Month) 10 (Day) 17 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
				yrs.	Months	Days	Hours	Min.
Female	Caucasian	Single	3 August, 1955		2	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	Dep.	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. BAKER	Anna BALLMEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		U.S. Naval Hospital, Annapolis, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.3 IMMEDIATE CAUSE (A) Peritonitis (acute) except Puerperal #576 — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Perforation of Intestine NOS 578

DUE TO (C) Volvulus of Intestine, # 570.3

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 August, 1955, to 17 October 1955, that I last saw the deceased alive on 17 October 1955, and that death occurred at 1240A M, from the causes and on the date stated above.

SIGNATURE: James C. Hodges Jr. LCDR MC USN — M.D. — ADDRESS (Street, city, town, state): U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 10-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-18-55	Naval Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
10-18-55		Hopping Funeral Home Annapolis, Md.

2/18/52 12 30

MARYLAND STATE DEPARTMENT OF HEALTH

09314

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

9308

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY 4-7X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C
STREET ADDRESS (If rural, give location) 1930 Columbia Rd. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vernie.	R.	Ballance	10	16	1955

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		9/19/1923	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Resturant		North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Ballance	Mattie Mae Oman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II		Earl G. Ballance 1340 Wisconsin Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E50X

Immediate cause (a) Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY South River	(CITY OR TOWN)	(COUNTY)	(STATE)
			A.A.Co	MD

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
10	16	55	P m.			Boat-turned-over- (Left)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Thomas Leitch	MD	Annapolis, Md	10/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/25/55	Arlington National	Arlington	VA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 24	C. Thomas Leitch	S.H. Hines Co.	Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9309

CERTIFICATE OF DEATH

09315

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millersville Post Office

STREET ADDRESS (If rural give location): Box 236 Elvaton

3. NAME OF DECEASED (Type or Print): (First) Patrick (Middle) Miachel (Last) Bell

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	October 23, 1955	— yrs.	—		12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hillary W. Bell	Ruth Dise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	[redacted]	Mr Hillary W. Bell-Father-same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7625 IMMEDIATE CAUSE (A) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE(S) DUE TO (B) Hyaline Membrane Disease — 12 hrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct 19 55, to 23 Oct 19 55, that I last saw the deceased alive on 23 Oct 19 55, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE: Wm T Walker M.D. — ADDRESS (Street, city, town, state): Court Hall Annapolis Md — DATE SIGNED: 24 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 24, 1955	Glen Haven Cemetery	Glen Burnie, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
10-24-55	O. Franck	Hopping Funeral Home, Annapolis, Md.

2005356311

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09316

9328

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X St. Margarets

LENGTH OF STAY (in this place) 24yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Beechwood on Burley

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Margarets X

STREET ADDRESS (If rural give location) Beechwood on Burley

3. NAME OF DECEASED (Type or Print) (First) Elias (Middle) N. (Last) Benfield

4. DATE OF DEATH (Month) Oct. (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 2, 1864	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Station Master	Rail Road	Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Benfield	Emaline Neiman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Herbert Young #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. General Visceral Failure — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1954, to Oct. 25, 1955, that I last saw the deceased alive on Oct. 25, 1955, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE I. G. de Ouyedo M.D. **ADDRESS** (Street, city, town, state) Arnold-Md. **DATE SIGNED** Oct. 27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-55	Zion Lehigh	Lehigh Co. Pa.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Oct. 31, 1955	[illegible] O'Donnell	John M. Layton & Sons	Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9310

CERTIFICATE OF DEATH

09317

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY A.A. Co — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A.A. Co

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 39 Larkin ST 1

3. NAME OF DECEASED (Type or Print) (First) Maurice (Middle) (Last) Brown

4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col.	S	5-17-55	yrs.	4			

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Brown

14. MOTHER'S MAIDEN NAME Mary Randall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Edward Brown - 39 Larkin ST Annapolis Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 72 h.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21e. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4, 19 55, to 10/5, 19 55, that I last saw the deceased alive on 10/5, 19 55, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE Theodore H. Johnson M.D. ADDRESS (Street, city, town, state) 37 Cathedral Street Annapolis Md DATE SIGNED 10/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-9-55	Brewer Hill	Annapolis, Md

24. REC'D BY REGISTRAR DATE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Reese - 108 Wash. ST Annapolis, Md.

4055247405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

STATE CERTIFICATE OF DEATH

0011T

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9311

CERTIFICATE OF DEATH

09318

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place) 6 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 220 King George 1

3. NAME OF DECEASED (Type or Print) (First) Eliot (Middle) Hinman (Last) BRYANT

4. DATE OF DEATH (Month) October (Day) 16 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	Cau.	M	10-21-96	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USN	Ret	Illinois	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James BRYANT	Jennie E MORIARTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	1918-1948		U.S. Naval Hospital, Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

527.0 IMMEDIATE CAUSE (A) Atelectasis, pulmonary 527.0 — Indefinite

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Amyotrophia, lateral sclerosis 356.1 — 18 months

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12 ....., 19 55 ....., to 10-16- ....., 19 55 ....., that I last saw the deceased alive on 10-15- ....., 19 55 ....., and that death occurred at 0730a M, from the causes and on the date stated above.

SIGNATURE R.K. MOXON LCDR MC USN — **ADDRESS** (Street, city, town, state) M.D. USNH, Annapolis, Maryland — **DATE SIGNED** 10-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-18-55	Naval Academy	Annapolis Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE OCT 19 1955	[signature]	John J. Naylor & Sons	Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9312

CERTIFICATE OF DEATH

09319

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 G

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie

STREET ADDRESS (If rural give location) 723 Hamlan Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	William	CAMPBELL	10	1	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Marrien	4-14-22	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mariner	U.S.Navy	Indiana	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Harvey CAMPBELL	Irma Marie KURTH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes ✓ 1939 - 1955	None	Official Navy Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X IMMEDIATE CAUSE (A) Dilatation of Stomach 544.1 — INTERVAL BETWEEN ONSET AND DEATH: 36 hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Diabetic acidosis 260 — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work [ ] Not while at work [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1955, to 10-1, 1955, that I last saw the deceased alive on 10-1, 1955, and that death occurred at 12:32 P.M., from the causes and on the date stated above.

SIGNATURE P.O.Geib, LCDR. MC, USN — M.D. — ADDRESS (Street, city, town, state) U. S. Naval Hospital Annapolis, Maryland — DATE SIGNED 10-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-5-55	National Cemeterym	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
10-5-55	[signature]	Hopping Funeral Home [signature]	Annapolis, Md.

9329

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09320 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dorsey
LENGTH OF STAY (in this place): Few instants.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 176

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Pennsylvania — COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Swickley
STREET ADDRESS (If rural, give location): Pulpit Rock

75X-3

3. NAME OF DECEASED: (Type or Print) (First) Isabelle (Middle) (Last) Childs

4. DATE OF DEATH (Month) (Day) (Year): October 19th. 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	White	Widowed	?	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pittsburg Pa.	U.S.A.

13. FATHER'S NAME: James Pontefract

14. MOTHER'S MAIDEN NAME: Elizabeth Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	No	Mrs. Percy Donner, Swickley, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture of skull, Comminuted fracture of left	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) humerus and multiple lacerations.	Sudden
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Route 176	21c. (City or town) (County) (State) Dorsey, Anne Arundel County, Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/19/55 12.30 P. M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR? Automobile collision.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gustave K. Paulen M.D. — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/21/55	Sewickley	Sewickley, Alleghemy Co, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
October 20, 1955	Dr. Caldwell Woodruff, L. J. D'Alba.	Hopping and Kirkley, Glen Burnie, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09321

9330

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X BELHAVEN BEACH
LENGTH OF STAY (in this place) 1 YEAR
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 BELHAVEN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belhaven Beach X
STREET ADDRESS (If rural give location) Belhaven Road 1

3. NAME OF DECEASED: (Type or Print) (First) RHEA (Middle) HELEN (Last) CLARKE

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 15, 1894

9. AGE Last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. BADGEROW

14. MOTHER'S MAIDEN NAME: JULIA BEGUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: DORSEY B. CLARKE BELHAVEN BEACH, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

260X

Immediate cause (a) Diabetes Mellitus — 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardio Vascular Renal — 15 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Oct. 4, 1955, that I last saw the deceased alive on Oct. 4, 1955, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Brady Smith M.D. Riviera Beach Md. 10/4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF 10/5/55 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR October 7, 1955

REGISTRAR'S SIGNATURE L J Bulla

24. FUNERAL DIRECTOR T V Singleton ADDRESS Glen Burnie, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9313

09322

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY A. A. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis Md

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cedar Park

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) Leonard (Middle) R. (Last) Coates

4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	10-20-1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Dairy	Virginia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard A. Coates	Adaline Beecham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
	—	E. L. Coates (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-Vascular Disease — 2 yrs.

DUE TO (C) Arteriosclerosis Generalized — 2 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 19 53 to Oct. 17, 19 55, that I last saw the deceased alive on Oct. 17, 19 55, and that death occurred at 12:50 PM, from the causes and on the date stated above.

SIGNATURE James A. Martin M. D. ADDRESS (Street, city, town, state) Annapolis, Md. DATE SIGNED 10-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-20-55	St Mary's	Annapolis Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
OCT 19 1955	J. O. Council	Posey & Lee	Hyattsville Md

RECEIVED
OCT 21 1955
BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9331

CERTIFICATE OF DEATH

09323

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY: AA — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie (Rural)

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marley Park, Glen Burnie, Md.

STREET ADDRESS (If rural give location): 21 Marley Station Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J. (Last) Coleman

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 27, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Nov. 19, 1889	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	B & O Railroad	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Coleman	Alice Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
np	none	705 - 07 - 8741	Mrs Betty Coleman, same as 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic heart disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-27 1955, to 10-27, 1955, that I last saw the deceased alive on 10-27, 1955 and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE M.D. Joseph Taber — ADDRESS (Street, city, town, state) 102 Baltimore Annapolis Blvd — DATE SIGNED 10/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/31/55	Glen Haven Memorial	Glen Burnie, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Oct 29 1955	L. J. Dalton	HOPPING AND KIRK	Glen Burnie, Md.

9332

09324

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 27

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Dorsey
LENGTH OF STAY (in this place) few minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rte 176

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel 16-41-2
STREET ADDRESS (If rural, give location) 121 2nd St.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GENE DEWARD COWAN	October 18 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6 October 1928	27 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Soldier	US ARMY	Texas	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes	6 years	unknown	Service records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 825X	(a) Crushed chest	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY route 176	21c. (City or town) (County) (State) Dorsey Anne Arundel Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct 18 55 10:45 AM/PM	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? automobile accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gustave W. Pauker M.D. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 19 Oct 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	unknown	unknown	unknown Texas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
19 Oct 55	HARRY GIESCH, CWO, USA	Wm. Cooke, Inc, Balto., Md.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film C187 10-17-55 et

09325

9314

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bestgate

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) C (Last) Crutchley

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow	May 9 1888	67 Yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Chesterfield Md.	U.S.A.

13. FATHER'S NAME Harry Crutchley

14. MOTHER'S MAIDEN NAME Elizabeth Mayhew

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Mrs Elizabeth Lockwood (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 429.0 CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 30 MINUTES

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) ARTERIOSCLEROTIC HEART DISEASE — unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR, 1953, to OCT 8, 1955, that I last saw the deceased alive on 8 OCT, 1955, and that death occurred at 1235 PM, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward L Beck	4	Southgate Ave Annapolis	8 OCT 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-11-55	St Mary's Cem	Annapolis Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 11, 1955		John M. Taylor Sons	Annapolis Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9333

CERTIFICATE OF DEATH

09326

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 17 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury

STREET ADDRESS (If rural give location): 302 Delaware Avenue

22-12-2

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Dashield

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Negro	Widow	1885	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	- - -	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) C. V. A. (Recurrent) — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertension

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	- - - - - - - - -	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- - - - - - - -	- - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - - - - -		- - - - - - - - -

22. I hereby certify that I attended the deceased from 9/25, 19 55, to 10/12, 19 55, that I last saw the deceased alive on 10/12, 19 55, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Geo Tom Mac Phelbjos M.D.	Crownsville, Md.	10/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10/16/55	Green Acres Memorial Park	Salisbury Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 18, 1955	Catherine M. Joyce	J. F. Stewart Funeral Home	Salisbury, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9334

CERTIFICATE OF DEATH

09327

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY A A. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X PATUXENT STATION

LENGTH OF STAY (in this place) 48 HRS

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PATUXENT STATION X

STREET ADDRESS (If rural give location) Woodwardsville

3. NAME OF DECEASED (Type or Print) (First) CARTER (Middle) GRANTHAM (Last) DICK

4. DATE OF DEATH (Month) Oct. (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W		AUG. 4, 1879	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	OWN FARM	W. VA.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Lyle Dick	Nannie Virginia Ambrose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	218-03-9259	MRS Cornelia Myers, Severn, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary Thrombosis — 1 yr

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to Oct 13, 1955, that I last saw the deceased alive on Oct 14, 1955, and that death occurred at 6.40 AM, from the causes and on the date stated above.

SIGNATURE O H Mace Mend M.D. **ADDRESS** (Street, city, town, state) Millersville, Md **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/17/55	Friendship	A. A. Co., Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Oct 14. 1955	K. M. Joya	Hipping & Turkley, Glen Burnie, Md
	E. & Bell 2	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

9335

CERTIFICATE OF DEATH

09328

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton

LENGTH OF STAY (in this place) 1 yr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Waugh Chapel

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton

STREET ADDRESS (If rural give location) Waugh Chapel

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Earl (Last) Disney

4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Divorced	June 5, 1896	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cutter (ret.)	Mat'l Plastic	Admiral, A.A. Co, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Philip H. Disney	Mary V. Watts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Mrs. Maggie Lee 5114 Wynona Ave. Balto. MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
416X	IMMEDIATE CAUSE	(A) Coronary Thrombosis	10 Min
	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Rheumatic Heart Disease	20 Years
	DUE TO	(C) Emphysema	10 Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to Oct 1, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at 7:55 P.M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward J Nesmith		Crumbville Md	10-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 5/55	Friendship Cem.	Anne Arundel Co, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Oct 7-55	Clara Haslup	T. Wellington	Woodland

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9336

CERTIFICATE OF DEATH

09329

Reg. Dist. No. 2/3

Item 1b, Film 188 11-1-55 et

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Linthicum — LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: #3-Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DEATHED

STATE — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Same

STREET ADDRESS (If rural give location): Same

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Paul	Doetzer Sr.	Oct.	23	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Widower	Oct. 1st 86	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	General	A.A. Co. Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Doetzer	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes World War I 1917-1919	218-14-7387	Frank Doetzer Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10/19/55

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis — 10 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12/55, 19..... to 10/23/55, 19....., that I last saw the deceased alive on 10/23/55, 19....., and that death occurred at 6:15 A.M. from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
M.D. Chas. L. Ball Jr.	Linthicum Md.	10/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-26-1955	Balto. Nat. Cem.	Balto. Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 24, 1955	Dr. Caldwell Rodruff	G. Forman Eglund	3512 Frederick Ave.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within ___ hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9315

CERTIFICATE OF DEATH

09330

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 63 Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lothian X

STREET ADDRESS (If rural give location): - - - - - - - 1

3. NAME OF DECEASED (Type or Print): (First) MATTIE (Middle) P (Last) Drury

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Sept 12, 1877	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own home	Anne Arundel County, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Brady	Martha Chaney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mr Plummer Drury- husband- same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary thrombosis

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) generalized arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....M, from the causes and on the date stated above.

SIGNATURE Emily H. Wilson M.D. **ADDRESS** (Street, city, town, state) Lothian, Md **DATE SIGNED** 10/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-6-55	Mt Zion Cemetery	Mt Zion, Maryladd

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
10-5-55	H. O. Brandt	Hopping Funeral Home	Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09331

9316

CERTIFICATE OF DEATH

Reg. Dist. No. 21

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH
COUNTY: A. A. — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis
STREET ADDRESS (If rural give location): 719 Chester Ave

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) (Last) Everett

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	2-9-1885	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Elizabeth N. J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Herbert Everett

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
200.1 IMMEDIATE CAUSE (A) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
ANTECEDENT CAUSE(S) DUE TO (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 14, 19 55, to OCT 4, 19 55, that I last saw the deceased alive on OCT 4, 19 55, and that death occurred at 3:05A M, from the causes and on the date stated above.

SIGNATURE M.D. Kenhall — ADDRESS (Street, city, town, state) Annapolis, Md — DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-7-55	Glen Haven Memorial	Glen Burnie Md

24. REC'D BY REGISTRAR DATE Oct. 5, 1955 — REGISTRAR'S SIGNATURE H. O. Arnold
25. FUNERAL DIRECTOR'S SIGNATURE John M Taylor Sons — ADDRESS Annapolis Md

9337

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09332 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodland Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY 47x-3
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 2148 O St. N.W

3. NAME OF DECEASED: (First) MYRON (Middle) H. (Last) FRANCIS
4. DATE OF DEATH (Month) 10 (Day) 16 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):
8. DATE OF BIRTH: May 24, 1911
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Accounts Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Navy Dept.
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Francis
14. MOTHER'S MAIDEN NAME: ? Bulow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~Unk~~ Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Anna W. Francis Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

850X

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) 02 (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY OCCUR? Row Boat Turned over - Sank River

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/18/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10-21-55
NAME OF CEMETERY OR CREMATORY National Cem.
LOCATION (City, town, or county) (State) Arlington Va
DATE REC'D BY LOCAL REG. OCT 19 1955
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS L.H. Jones & Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

9338

09333

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information be carefully supplied. Physicians: please write the causes of death clearly and le
HIS CERTIFICATE MUST BE WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTE

1. NAME OF DECEASED (Type or Print): ROBERT STUART FRANTZ

2. DATE OF DEATH: Oct. 25, 1955

3. PLACE OF DEATH:
A. Baltimore City, Maryland Glen Burnie
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Anne Arundel County AT HOME 1708 Kirk Road
c. Length of stay in Baltimore: ? For autopsy (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
A. STATE: Maryland
B. COUNTY: A.A.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenburnie
D. STREET ADDRESS (If rural, give location): 1708 Kirk Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	12/16/27	27		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	U.S.Coast Guard	N.J. (Union City)	USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Frances Frantz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes	WW 2- CG	?	Records- US PHS Hospital	Balto, Md.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

356.1

(A) Amyotrophic lateral sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
Paul F. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT: Mesenteric adenitis and focal enteritis — 2 days

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
			YES [X] NO [ ]

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I certify that (I) (this hospital) attended the deceased from DEAD ON ARRIVAL 19 to 19, that (I) (we) last saw the deceased alive on Oct. 25 19 55, and that death occurred at 8:30 A m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
David J. Zauss, Medical Officer in Charge ATTENDING PHYS. [ ] MED. DIRECTOR [X] STAFF PHYS. [ ]	US PHS Hospital, Balto, Md.	10/25/55

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	October 28 1955	Arlington National Cem.	Fort Meyer, Virginia

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Oct 27 1955	L. L. Dallam	T. Kinsella & Son	Glen Burnie, Md.

RGB

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

[redacted] 9339

10408

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

LENGTH OF STAY (In this place) 8 mos. 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Queen Anne's

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Price 17X-2

STREET ADDRESS (If rural give location) None listed ✓

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Gibbs

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	Unknown	94? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm worker	Farm	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Abraham Gibbs	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) CVA (Cerebro-vascular accident) — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic heart disease

260 X DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus, Hypostatic pneumonia, Cellulitis left arm, Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — — — — — — —	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — —	— — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — M.		— — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/10, 19 55, to 10/28, 19 55, that I last saw the deceased alive on 10/28, 19 55, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE L. Benedict M.D. (L. Benedict, M. D.) **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 10/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-31-55	Roesville Cem.	Near-Church Hill, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Nov. 28, 1955	L. M. Joyce	Edgar L. Lane, Church Hill, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09334

9340

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover — LENGTH OF STAY (In this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Stone Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) H. (Last) Good
4. DATE OF DEATH (Month) (Day) (Year): 10 - 19 - 55 19

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3/27/1890
9. AGE Last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): B.A. County, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Good
14. MOTHER'S MAIDEN NAME: Margaret Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Mr. Buren D. Smith.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Occlusion — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Gustave H. Bauer M.D. — Glen Burnie, Md. — 10/19/55

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Oct. 22, 1955 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem. — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 10-20-55 — REGISTRAR'S SIGNATURE: Mrs. Pedrick — 24. FUNERAL DIRECTOR: Mrs Katie R. Williams — ADDRESS: 522 N. Schroeder St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09335

9341 # CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 7 mos. 14 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 664 Melvin Drive

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Green

4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Negro	Widowed	Unknown	85? yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Green	Annie Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

023X IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Lues

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 7/5, 19 55, to 10/6, 19 55, that I last saw the deceased alive on 10/6, 19 55, and that death occurred at 8:05a M, from the causes and on the date stated above.

SIGNATURE [signature] M. D.. **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 10/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 12 55	Mt Auburn Cemt	Balto. Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS
DATE Oct 12 1955	Katherine M. Joyce	Mrs. Katie R. Williams 322 N. Schroeder St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9342

CERTIFICATE OF DEATH

09336

Reg. Dist. No. 38

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (In this place): 30 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): Not known

3Y01-4

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) (Last) Gross

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Widow?	Unknown	68? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	— — —	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Nick	Mary Addie Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: Few months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis — Known to us since 4/20/53

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome associated with Senile Brain Disease — 5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — —	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		— — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — M.		— — — —

22. I hereby certify that I attended the deceased from 4/20, 19 53, to 10/22, 19 55, that I last saw the deceased alive on 10/22, 19 55, and that death occurred at 8:55a M, from the causes and on the date stated above.

SIGNATURE L. Benedict (L. Benedict, M. D.) M.D.

ADDRESS (Street, city, town, state) Crownsville, Md.

DATE SIGNED 10/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	10/26/55	U OF M. MED SCHOOL	29 S GREEN ST MD

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 28, 1955	Katherine M Joyce	DIPPEL BROS 1000 FONTAINE ST	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

Dr. Hildegarde H. Reissmann

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09338

9344

CERTIFICATE OF DEATH

Item 9, FilmG188 10-31-55 et

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 4yrs.7mo.22days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City 3V01-4

STREET ADDRESS (If rural give location): 915 Fayette Street ✓

3. NAME OF DECEASED (Type or Print): Ella (First) Mae (Middle) Hardy (Last)

4. DATE OF DEATH: 10 (Month) 14 (Day) 1955 (Year)

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Negro	Widowed	Unknown	Approx. 55 yrs. Unknown		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sub-Rent Housing

10b. KIND OF BUSINESS OR INDUSTRY: - - - - -

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY?: United States

13. FATHER'S NAME: Rev. Andy Means

14. MOTHER'S MAIDEN NAME: Ella Lue Kute

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

026X IMMEDIATE CAUSE (A): Bronchopneumonia recurrent — Known for 6 mo.

ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Meningo-vascular syphilis — " " 5 yrs.

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Psychosis - Decubital ulcers — " " 5 yrs.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: - - - - -

19b. MAJOR FINDINGS OF OPERATION: - - - - -

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State): - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: - - - - -

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?: - - - - -

22. I hereby certify that I attended the deceased from 1/2/ 1955, to 10/14/ 1955, that I last saw the deceased alive on 10/14/ 1955, and that death occurred at 8:30A M, from the causes and on the date stated above.

SIGNATURE Hildegard Heard Reissmann M.D. **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 10/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10-18-55	MT. CALVARY CEM.	A.A. COUNTY Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Oct. 18, 1955	Katherine M. Joyce	Mrs. Robt. A. Elliott + Daughter 1129 N. Caroline St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9317

CERTIFICATE OF DEATH

09339

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Odenton

STREET ADDRESS (If rural give location) A. A. General Hosp.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Harris

4. DATE OF DEATH (Month) 10 (Day) 20 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Col.	S	10-18-55	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Brown

14. MOTHER'S MAIDEN NAME Margaret Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Hosp Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSE(S) DUE TO (B) Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

760.0

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1955, to 10/20, 1955, that I last saw the deceased alive on 10/20, 1955, and that death occurred at 6.0 P.M, from the causes and on the date stated above.

SIGNATURE Herbert H. Johnson M.D. ADDRESS (Street, city, town, state) 37 Calvert Annapolis Md. DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-22-55	Forest	Odenton, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 10-22-55	H. C. Brunck	Williams Reese	Annapolis, Md.

2005151404

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

Commonwealth of Virginia
City of Petersburg
Bureau of Vital Statistics

Mrs. [illegible]
Petersburg
Va.

Female Col.
Born
Died
Age 10 yrs.

Name Chaney Brown
Date of Death 11-18-45
Cause of Death Myocarditis
Contributory Cause Mitral Stenosis

Buried in Rose Hill Cemetery
Date Nov. 21, 1945
Undertaker [illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9345

CERTIFICATE OF DEATH

09340

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Millersville (Rural)

LENGTH OF STAY (in this place): Md.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sand's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie, Md.

STREET ADDRESS (If rural give location): 505 Manor Road

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Elorine (Last) Hilling

4. DATE OF DEATH: (Month) October (Day) 11, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F.	W	Married	Dec. 31, 1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Newport News, Va.	USA

13. FATHER'S NAME: R. W. Spencer

14. MOTHER'S MAIDEN NAME: Noma Atkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. John Hilling, same as 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345X

IMMEDIATE CAUSE (A): Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 14 years.

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 5, 1951, to Sept 1955, that I last saw the deceased alive on Sept 1, 1955, and that death occurred at 2:30 A.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
R. MacDonald M.D.	Glen Burnie Md	10-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10/12/55	Peninsula Cemetery	Newport News, Virginia

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS
DATE Oct. 12, 1955	Catherine M. Jones Deputy	James D. Kirkley Hopping and Kirkley, Glen Burnie, Md.

MARYLAND

09341

STATE DEPARTMETT OF HEALTH

9346

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Jessup — MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odd Country — LENGTH OF STAY (In this place) 10 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Jessup — COUNTY Ala Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Margaret. (Middle) S (Last) Jenkins

4. DATE OF DEATH: (Month) 10 (Day) 1 (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1875

9. AGE last birthday: 80 yrs. If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Household.

11. BIRTHPLACE (State or foreign country): Bello Md.

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: Adam Meyers.

14. MOTHER'S MAIDEN NAME: Anna Meyers Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. A Zaleski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410 X

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2

Antecedent cause(s) Chronic Mitral Insufficiency. — 10 yr

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 19[illegible], to 10/1, 19[illegible], that I last saw the deceased alive on 9-30, 19[illegible], and that death occurred at 4:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Maynard md 314 Compton ave Lansdowne 10/1/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 10/4/55 — NAME OF CEMETERY OR CREMATORY: BALTIMORE — LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG. 10-3-55 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: JOHN F. DENNY, INC. — ADDRESS: 715 LIGHT ST.

Dans

9347

10417 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Shadyside
LENGTH OF STAY (in this place) 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY AA
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Shadyside X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) (Last) Johnson

4. DATE OF DEATH (Month) Oct. (Day) 25 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1, 1899

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: oystering

11. BIRTHPLACE (State or foreign country): Shadyside

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Johnson

14. MOTHER'S MAIDEN NAME: Elizabeth Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.: 217-18-5043

17. INFORMANT & ADDRESS: Daniel Johnson, Shadyside

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 434.2 (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH ? or immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Patient apparently died in his sleep unattended

DUE TO

(c) History of asthma for many years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE F D Hendricks Shadyside, Md. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct. 28/55

NAME OF CEMETERY OR CREMATORY St. Pauls

LOCATION (City, town, or county) (State) Shadyside, Md.

DATE REC'D BY LOCAL REG. Oct. 27, 1955

REGISTRAR'S SIGNATURE I. B. Dent

24. FUNERAL DIRECTOR ADDRESS Bernard Hardesty, Galesville, Md.

U. S. A15A - 5 - 53

11/17/55 mb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09343

CERTIFICATE OF DEATH

9348

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH
COUNTY Anne Arundel — CROWNSVILLE — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS
LENGTH OF STAY (in this place) 2 1/2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 CROWNSVILLE State Hospital CROWNSVILLE, Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERSTONE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mollie (Middle) (Last) JOHNSON

4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	NEGRO	widow	12-25-1869	85? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Not known Henry Brown
14. MOTHER'S MAIDEN NAME Not known Mary Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS WALTER JOHNSON, CUMBERSTONE Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9 IMMEDIATE CAUSE (A) INANITION

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) CARCINOMATOSIS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTEROSCLEROSIS

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3-, 1955, to 10-29-, 1955, that I last saw the deceased alive on 10-29-, 1955, and that death occurred at 10 45 P M, from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS (Street, city, town, state) DATE SIGNED 10-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-3-55	Chews Chapel	Queenville, Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 11-3-55	K M Joe	William Reese, E 108 Washington St Annapolis, Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09344

9318 # CERTIFICATE OF DEATH

Reg. Dist. No.

Item 7: Film G159-10-19-55L

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shore Acres-RD X
STREET ADDRESS (If rural give location) Shore Acres (Box-440) Arnold MD

3. NAME OF DECEASED (Type or Print) (First) Mrs Lenora (Middle) D. (Last) Jones.

4. DATE OF DEATH (Month) 10 (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed MARRIED	Dec. 5-1889	65 yrs.	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.	at Home	Baltimore Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Phillip Schaeffer	Elizabeth (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		216-01-3938-B	Mrs. Evelyn Repella (Dau)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) ① Heart Failure
Generalized Arteriosclerosis.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) ② Myocardial Infarction
DUE TO (C) ③ Pericarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ④ Hypertensive C.V. Disease ⑤ Generalized Arteriosclerosis.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Sept, 1955, to 14 Oct, 1955; that I last saw the deceased alive on 13 Oct, 1955; and that death occurred at 6:37A M, from the causes and on the date stated above. 14 Oct

SIGNATURE Robert R. Halmi M.D. ADDRESS (Street, city, town, state) Severna Park md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct-17-1955	Trinity Cem	Balto Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 17, 1955	Wm. J. Finch	A Howard Evans	605 Glover St (30)

KB

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09345

9319 # CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 1 USNH, (Infant)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Joselyn

4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau.	Single	16 October, 1955	yrs.			17	27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant	Infant	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edwin Gary JOSELYN	Yleen Ione BLACK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			U.S. Naval Hospital, Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis with Immaturity #762.5

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Octobe, 1955, to 17 October, 1955, that I last saw the deceased alive on 17 October, 1955, and that death occurred at 6:12A M, from the causes and on the date stated above.

SIGNATURE James C. Hodges Jr. LCDR MC USN — M.D. — ADDRESS (Street, city, town, state) U.S. Naval Hospital, Annapolis, Md — DATE SIGNED 10-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-20-55	Naval Academy	Annapolis Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
OCT 19 1955	[signature]	John W. Taylor & Sons	Annapolis Md

2005231323

9349

10418 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY AA
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN DRURY
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) Kelly

4. DATE OF DEATH (Month) 10 (Day) 28 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Widowed

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Colored

8. DATE OF BIRTH: March 1906

9. AGE Last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Carbonton N.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Kelly

14. MOTHER'S MAIDEN NAME: Ida Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Melissa Curtis, 619 Tower ST Raleigh N.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 981 X

Immediate cause (a) Gunshot wound of Chest — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Massive Thoracic Hemorrhage

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE William Howard M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11-6-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 16/55

NAME OF CEMETERY OR CREMATORY Moses

LOCATION (City, town, or county) (State) Drury Md

DATE REC'D BY LOCAL REG. Nov 16, 1955

REGISTRAR'S SIGNATURE Elsie Best Williams

24. FUNERAL DIRECTOR Bernard Hardesty ADDRESS Halethorpe Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9350 **CERTIFICATE OF DEATH**

09347

Reg. Dist. No. 27

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Ft Geo G Meade

LENGTH OF STAY (in this place): 7 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 U.S.Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 3401.4

STREET ADDRESS (If rural give location): 2309 W. Lanvale St.

3. NAME OF DECEASED (Type or Print): (First) ROLAND (Middle) BERNARD (Last) KENNER

4. DATE OF DEATH: (Month) October (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	single	15 October 1955	yrs.			5	17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roland Bernard Kenner	Miriam Braxton

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		none	Mother 2309 W. Lanvale St. Balto. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Atelectasis — Atelectasis

ANTECEDENT CAUSE(S) DUE TO (B) Prematurity — ~~Prematurity~~

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: 5 hrs 17 min; same

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1955, to 15 Oct, 1955, that I last saw the deceased alive on 15 Oct, 1955, and that death occurred at 2.07 P.M., from the causes and on the date stated above.

SIGNATURE: EDWIN T. COOKE — Edwin T. Cooke — M.D. — ADDRESS (Street, city, town, state): FT MEADE, AA — DATE SIGNED: 15 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	18 October 1955	Post Cemetery	Fort George G. Meade Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
17 Oct 1955	HARRY C. SCH, CWO, USA	Chaplain Quigley	Fort G.G. Meade, Md.

2005245301

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within ___ hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9320

CERTIFICATE OF DEATH

09348

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place) 6 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Virginia COUNTY Fauquier

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delaplane 83 X - 3

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) — (First) DANIEL (Middle) BROWN (Last) KERFOOT

4. DATE OF DEATH (Month) October (Day) 19 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 12, 1874	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	own farm	Delaplane, Va	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown Dodge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	none	Mrs E.B. Sutphin, Daughter, 801 West St. Annapolis, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Lobar pneumonia — 20 days

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 19 55, to Oct. 19, 19 55, that I last saw the deceased alive on Oct. 18, 19 55, and that death occurred at 3 05 P.M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
John L. Hedeman M.D.	90 Cathedral St., Annapolis, Md.	10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-22-55	Ivehill Cemetery	Upperville, Va.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
10-20-55		MOPPING FUNERAL HOME	ANNAPOLIS, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

09349

9351

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glen Burnie; LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Maple Lane N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same; COUNTY Same
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same X
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Earl (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20th. 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/26/93

9. AGE last birthday: 61 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Painter at Fort Meade.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Davis, West Virginia.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: J. Hamilton Lewis

14. MOTHER'S MAIDEN NAME: Cornelia G. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 520 59 220

17. INFORMANT: Mrs. M. Marguerite Lewis, (wife.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave H. Rauchenbusch | (Degree or title) Deputy Medical Examiner. | ADDRESS Glen Burnie, Md. | DATE SIGNED 10/20/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct. 23-1955 | NAME OF CEMETERY OR CREMATORY: Stevenville Cemetery | LOCATION (City, town, or county) (State): Queen Ann's County Maryland

DATE REC'D BY LOCAL REG.: October 22, 1955 | REGISTRAR'S SIGNATURE: L. J. D'Alba. | 24. FUNERAL DIRECTOR ADDRESS: T. W. Singleton - Glen Burnie, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09350

CERTIFICATE OF DEATH

9352 Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Millersville
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sann's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville X
STREET ADDRESS (If rural give location) / General's Highway

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Lowman
4. DATE OF DEATH: (Month) (Day) (Year) 10/13/55 19
5. SEX: Female.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 5/12/81
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Lillian M. Merson, Crownaville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 331 X (a) Cerebral Hemorrhage over 10 days.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Right hemiplegia " "

DUE TO

(c) Hypertenssion ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6/55, 19....., to 10/13/55, 19....., that I last saw the deceased alive on 10/11/55, 19....., and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gustave N. Baetzhold ADDRESS Glen Burnie, Md. DATE SIGNED 10/14/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 15, 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) R.F.D. Brooklyn Maryland

DATE REC'D BY LOCAL REGISTRAR October 15, 1955
REGISTRAR'S SIGNATURE L. J. DeAlba
24. FUNERAL DIRECTOR R. V. Singleton ADDRESS Glen Burnie, Md.

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09351

9353

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: Annae Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riva, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00
MARYLAND
LENGTH OF STAY (in this place): X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Riva, Md.
STREET ADDRESS (If rural give location): X / 1

3. NAME OF DECEASED (Type or Print): (First) PERCY (Middle) EMMONS (Last) LYNDON

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	July 29, 1885	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate	Salesman	Mass.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Weston R. Lyndon	Florance Emmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	No		Gail R. Lyndon #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) ARTERIOSCLEROSIS, GENERALIZED — Unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Aug., 19 55, to 26 Oct., 19 55, that I last saw the deceased alive on 26 Oct., 19 55, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward A Beck		41 Southgate Ave Annapolis	10-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	10/29/55	Ft. Lincoln	Prince George Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
10/29/55	Edward Collenson	John M. Taylor and Sons	Annapolis, Md.

RECEIVED

NOV 2 1955

BUREAU V. S.

9354

09352 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort G.G. Meade

LENGTH OF STAY (in this place) 1 hour

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel 1641-2

STREET ADDRESS (If rural, give location) 409 Laurel Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MELVIN	L	MARKS	October 12 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	July 30, 1900	55 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Electrician	Civil Service	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herbert Marks	Maria P. Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	213-16-2142	Mrs. M.L. Marks (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion, sudden — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Gustave H. Bowles M.D. M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	October 15, 1955	Ivy Hill Cemetery	Laurel Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
October 12, 1955	W.L. SAYLOR, 1ST LT MSC	DWITT DONALDSON	Laurel, Maryland

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9355 **CERTIFICATE OF DEATH** 09353

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ft Geo G. MEADE, MD. LENGTH OF STAY (in this place) 5 Hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U.S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Odenton X

STREET ADDRESS (If rural give location) 74 Monterey 1 1

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) LEO (Last) Mc DONNELL Jr.

4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
M	Cauc.	MARRIED	12 Dec 1918	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USARMY		Pittsburg, Penna.	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Leo McDonnell Sr.	Anna Laura Kyle?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes	11 yrs		wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 322.1

IMMEDIATE CAUSE (A) Pneumonia, Right upper lung

ANTECEDENT CAUSE(S) DUE TO (B) Intoxication chronic. malnutrition

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) and exposure

INTERVAL BETWEEN ONSET AND DEATH: unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct, 1955, to 12 Oct, 1955, that I last saw the deceased alive on 12 Oct, 1955, and that death occurred at 4:55 A.M, from the causes and on the date stated above.

SIGNATURE & M.D. G Phillips / W Lee, Capt MC M.D. ADDRESS (Street, city, town, state) USAH Ft. Geo. G. Meade, Md DATE SIGNED 12 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	10-13-55	Southside Cem.	Pittsburgh Pa.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
12 Oct 55	W.L.SAYLOR, 1ST LT MSC	WILLIAM COOKE Baltimore, Md.

RECEIVED

OCT 14 1953

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

9356

2411 N. Charles Street, Baltimore

09354

Item 21 Film G187 10-17-55 ac

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundle MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
STREET ADDRESS (If rural, give location) 134 Midland Ave.

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) Inez (Last) Mears
4. DATE OF DEATH (Month) (Day) (Year): October 2 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 22 1895
9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Lecato
14. MOTHER'S MAIDEN NAME: Clara Polson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Sylvester Mears 134 Midland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

537 Immediate cause (a) Uremia — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Acute Nephritis - Carbuncle both legs — 7 days,

825 (c) Abscess r. parietal gla. & T neck — 20 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture r. arm, r. shoulder & fracture pelvi — 40 days,

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE contr. only
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway
(CITY OR TOWN) ? (COUNTY) (STATE)
TIME OF INJURY (Month) July (Day) 23 (Year) 55 (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Passenger in car

22. I hereby certify that I attended the deceased from 10 Sept., 1955, to 1 Oct., 1955, that I last saw the deceased alive on 1 Oct., 1955, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ronald Blickenstaff M.D. 501 Cherry Hill Road Balto 25 Md. 2 Oct 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Oct. 6 1955
NAME OF CEMETERY OR CREMATORY: Mt. Auburn
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 10-5-55
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Holland Funeral Home
ADDRESS: 1851 Druid Hill Ave.

Enok

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9321

CERTIFICATE OF DEATH

09355

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place) 3 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Homewood Convalescent Home, Ann. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3401-4

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) MIZEJEWSKI

4. DATE OF DEATH (Month) Oct. (Day) 31 - (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
M.	W	widowed		about 78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farm hand	Tomatoes	Poland	Poland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	none	Baltimore Welfare. Post Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE(S) DUE TO (B) GENERALIZED ARTERIOSCLEROSIS — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PARKINSON'S DISEASE — 5 YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH, 1955, to 31 OCT, 1955, that I last saw the deceased alive on 30 OCT, 1955, and that death occurred at 6.00 P.M., from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward A Beck M.D.	4 Southgate Ave Annapolis Md	2 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 2-55	St. Mary's	Ann. Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Nov. 4, 1955	H. O. Brandt	Bernard Sandusky	Halethorpe Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09356

9322

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) Rt. 2 Box 550

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	—	Murry	10	17	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col.	M	1-1-1895	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Skidmore, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nath Murry	Mary Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	214-03-2891	Oliver Murry 51 Chestnut St. Annapolis

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 Y

IMMEDIATE CAUSE (A) Cardio - vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1-55, 19..., to 10-17-55, 19..., that I last saw the deceased alive on 10-14-55, 19..., and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) 62 Cathedral St **DATE SIGNED** 10-18-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-20-55	Broad Neck	Skidmore, Md.

24. REC'D BY REGISTRAR DATE 10-22-55	REGISTRAR'S SIGNATURE [signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Reese II - Annapolis, Md.

Name Criminal
Cemetery Record
U.S. Veterans Hosp.

Male Col. D/ 1-1-1895 Ec
Widow Farm Baltimore Md. U.S.C.
Wife Mary

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [redacted] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9357

CERTIFICATE OF DEATH

09357

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Ft Geo G Meade, Md.

LENGTH OF STAY (in this place): 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Pennsylvania COUNTY: Clinton

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Avis 75 X -3

STREET ADDRESS (If rural give location): Box 6

3. NAME OF DECEASED (Type or Print): (First) Kathryn (Middle) E. (Last) O'Donnell

4. DATE OF DEATH (Month) October (Day) 31 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	married	9 July 1895	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Pennsylvania	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kemmerer	Anna Moyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	-	none	Husband: Edward W. O'Donnell, Avis, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 11 days

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work [ ] Not while at work [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 19 55, to 31 Oct, 19 55, that I last saw the deceased alive on 31 Oct 55, 19 55, and that death occurred at 1700 M, from the causes and on the date stated above.

SIGNATURE Herbert Needleman — ADDRESS (Street, city, town, state): Ft GG Meade, Maryland — DATE SIGNED: 31 Oct 55

HERBERT NEEDLEMAN, 1/Lt MC M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3 Nov 55	Loganton Cemetery	Loganton, Pa.

24. REC'D BY REGISTRAR — DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS
1 Nov 55	WM. L. SAYLOR, 1/Lt MSC	R.V. Singleton, Glen Burnie, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9358

CERTIFICATE OF DEATH

09358

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort George G. Meade

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Massachusetts — COUNTY: Norfolk

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brockton 58 x 3

STREET ADDRESS (If rural give location): 24 Auburn Street

3. NAME OF DECEASED (Type or Print): (First) Wayne (Middle) Richard (Last) Ojala

4. DATE OF DEATH: October 18 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Caucasian	Single	October 15, 1955	yrs.		3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME: Richard John Ojala

14. MOTHER'S MAIDEN NAME: Estelle Anne Eidler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mother, 24 Auburn Street, Brockton, Mass.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.5 IMMEDIATE CAUSE (A) Unknown — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct 55 to 18 Oct 55, that I last saw the deceased alive on 18 Oct 55, and that death occurred at 12 Noon, from the causes and on the date stated above.

SIGNATURE AND M.D.: HERBERT L. NEEDLEMAN, MC — Herbert L. Needleman

ADDRESS (Street, city, town, state): Fort G.G. Meade, Md.

DATE SIGNED: 18 October 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	21 Oct 55	Post Cemetery	Fort Meade AA Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
19 Oct 55	HARRY CAUSCH, CWO, USA	CHAPLAIN QUIGLEY, FT MEADE, MD.

200524433

9359

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09359 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendship

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY A. A.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Friendship

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) A. (Last) Owings

4. DATE OF DEATH (Month) 10 (Day) 3 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White		Nov. 23 1867	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	Home	Md.	

13. FATHER'S NAME: Henry Owings

14. MOTHER'S MAIDEN NAME: Amelia Owings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mr L. Ernest Owings 1209 E Capitol St Wash D C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) generalized arteriosclerosis — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
		Friendship A. A. Co Md

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
10	3	55	9½ A.M.		Fell on porch

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emily A. Wilson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/4/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 6, 1955	Friendship Cemetery	Friendship Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 4, 1955	Elsie West Williams	William H. Hutchins, Owings, Maryland

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9360

CERTIFICATE OF DEATH

10438

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 7yrs. 7mos. 23days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3 Vol-4

STREET ADDRESS (If rural give location) 1011 Watson Street ✓

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) (Last) Pitts

4. DATE OF DEATH (Month) 10 (Day) 29 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Single	1914?	41? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul Pitts	Ida Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0002X IMMEDIATE CAUSE (A) Far Advanced Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Known to us for 3 weeks

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — —	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — — — — —	— — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — —		— — — — — — — — — —

22. I hereby certify that I attended the deceased from 3/6, 19 48, to 10/29, 19 48, that I last saw the deceased alive on 10/29, 19 48, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE (L. Benedict, M. D.) M.D. **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	NOV 3 1955	U OF M MEDICAL SCHOOL	29 S GREENE ST MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
NOV 7 1955	Katherine M. Joyces	Duffy Bro 1800 E Lombard St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9361 **CERTIFICATE OF DEATH** 09361

Reg. Dist. No. 24

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park

LENGTH OF STAY (in this place) 3 wks.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 40 Boone Trail

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY Anne Arundel,

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park

STREET ADDRESS (If rural give location) 40 Boone Trail

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) Thomas (Last) Ridgeway

4. DATE OF DEATH (Month) Oct. (Day) 15, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M.	W.	Married	Nov 20 1898	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Electrical	Washington D.C.	U.S.

13. FATHER'S NAME Unknown.

14. MOTHER'S MAIDEN NAME Josephine Hartel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War No. 1 1917 Army

16. SOCIAL SECURITY NO. 212-10-2326

17. INFORMANT & ADDRESS Mr. T. Nelson Haase 6827 Blenheim Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) 1. Myocardial Infarction 420.1

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15, 19 55 to ....., 19....., that I last saw the deceased alive on Oct. 15, 19 55, and that death occurred at 3:45 P.M. from the causes and on the date stated above.

SIGNATURE C. R. Halm M.D. ADDRESS (Street, city, town, state) Severna Park Md. DATE SIGNED Oct 16 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/19/55	Lorraine Park Maus.	Woodlawn, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Oct. 19, 1955	Louis J. Deal	Wm. J. Tichner & Sons	Baltimore 17 Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09362

9323

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (in this place) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 A. A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A. Co

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS 10 1

STREET ADDRESS (If rural give location) 75 WATER ST.

3. NAME OF DECEASED (Type or Print) (First) Deborah (Middle) Ann (Last) Rogers

4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
F	Col.	S	10-1-1955	yrs.		20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rudolph Rogers	Rosalie MATTHEWS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	—	Rosalie Matthews 75 Water St Annapolis Md

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
764.0 IMMEDIATE CAUSE (A)	Acute adrenal insufficiency	1
ANTECEDENT CAUSE(S) DUE TO (B)	Sepsis	1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Enteritis, acute	5
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 19 55, to 21 Oct, 19 55, that I last saw the deceased alive on 21 Oct, 19 55, and that death occurred at 3 21 M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Wm Brudden, MD		Carroll Hall Brooklyn Md	24 Oct 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-55	Asbury	Annapolis, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Nov 1, 1955	[illegible]	William Reese, II 108 W. Wash. St Annapolis, Md

9V0594V99V10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09363

9362

CERTIFICATE OF DEATH

Reg. Dist. No. 24

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie

LENGTH OF STAY (in this place): 5 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 604 Newfield Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Md. COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Glen Burnie, Md.

STREET ADDRESS (If rural give location): Same

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) ARTHUR (Last) SCHAUMLOEFFEL

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	July 19, 1912	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Book Keeper	Dept Store	Balto., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo. M. Schaumloeffel (dec)	Theresa Schnitzler (dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
yes	W. W II 1942-45	218-07-6487	Mrs Vivian Schaumloeffel (Wife) Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.4 IMMEDIATE CAUSE (A): Metastatic Tumor of Brain — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Primary site unknown - probably

DUE TO (C): Cancer of Lung. — approx 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9 May 1955	Cerebellar tumor	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
No	No injury	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
none		

22. I hereby certify that I attended the deceased from Jan -, 1955, to 10-23, 1955, that I last saw the deceased alive on 10-21, 1955, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
H. F. Mamyoka		901 Edgely Rd	10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
Burial	Oct 26/55	Cedar Hill Cem.	Brooklyn P.O.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Oct-28, 1955	L. J. D'Alba	J. D. Leighton	Glen Burnie, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9363

09364

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH

COUNTY a a — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Churchton

LENGTH OF STAY (In this place) 3 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY a a

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton MD X

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Scott

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	C	Married	Mar. 9 1881	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oystering	Shadyside Md	

13. FATHER'S NAME: Jacob Scott

14. MOTHER'S MAIDEN NAME: Matilda Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	—	Susie Scott Churchton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Hy Pertensive Cardio — 2 years

DUE TO (C) Myocardial Disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1954, to Oct 22, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS (Street, city, town, state) 110 Clay St Owensboro Ky DATE SIGNED 10/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 26 1955	Scotts	Shadyside Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Oct 27-55	D. B. Dent	Bernd Hardesty	Galesville

9364 09365

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverly Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Wash D.C. 47X-3
STREET ADDRESS (If rural, give location) 1301 Longfellow St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) (Last) Shanahan.
4. DATE OF DEATH (Month) 10 (Day) 9 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1910
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Grocery Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Buyer
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Knapf
14. MOTHER'S MAIDEN NAME: Emily Muth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Earl Shanahan #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) 420.1 Coronary disease DUE TO — Interval Between Onset and Death: Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/11/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Oct. 13 1955
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince George Co. Md.
DATE REC'D BY LOCAL REG. 10-11-55
REGISTRAR'S SIGNATURE [signature] Edward Collinson
24. FUNERAL DIRECTOR Timothy Hanlon
ADDRESS Wash. D.C. 3801-Ga. Ave N.W.

S. A15A - 5 - 53

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9324

CERTIFICATE OF DEATH

09366

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Amberly

STREET ADDRESS (If rural, give location) R.F.D #2 Annapolis

3. NAME OF DECEASED (Type or Print) (First) EMMA (Middle) (Last) SHEAY

4. DATE OF DEATH (Month) OCT (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		MAY 28 1891	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	MINNESOTA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN G NELSON	ANNA NELSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Robert W. Sheay 7113 Thanes Str. Dr. Bethesda 14, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Pericarditis — INTERVAL BETWEEN ONSET AND DEATH: 16d

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Postmyocardial Infarction? — 14d. ?

DUE TO (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
—	—	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from 9/25/, 19 55, to 10/12/, 19 55, that I last saw the deceased alive on 10/11/, 19 55, and that death occurred at 3 P.M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Frank M. Shipley		63 College Ave Annapolis	10/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Oct 15 1955	LITCHFIELD CEM	LITCHFIELD MINN.

24. REC'D BY REGISTRAR DATE 10-12-55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	Found	JOHN M. TAYLOR SON	ANNAPOLIS MARYLAND

RECEIVED

OCT 14 1965

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09368

CERTIFICATE OF DEATH

9365

Reg. Dist. No. 23

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rayner Heights
LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give location) Evelyn & Franklin Aves.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rayner Heights X
STREET ADDRESS (If rural give location) Evelyn & Franklin Aves.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Martha (Last) Snyder

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: December 5 1883 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Schnaut
14. MOTHER'S MAIDEN NAME: Barbara K. Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Alton Snyder Evelyn & Franklin Aves

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 422.1 (A) Cardio Vascular Disease — 48 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 10 yr.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy — 1947

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 10/28, 1955, that I last saw the deceased alive on 10/28/55, 19..., and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE Chas L. Ball Jr. M.D. ADDRESS Linthicum DATE SIGNED 10/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-31-55 | NAME OF CEMETERY OR CREMATORY Meadowridge | LOCATION (City, town or county) (State) Howard County Md.

DATE REC'D BY LOCAL REGISTRAR OCT 30 1955 | REGISTRAR'S SIGNATURE Caldwell Woodruff Registrar Millersville, Md. | 24. FUNERAL DIRECTOR George L. Schwab | ADDRESS 2101 Frederick Ave.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09369

9366

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

LENGTH OF STAY (in this place) 3yrs.1mo.24days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3V01-4

STREET ADDRESS (If rural give location) 641 N. Paca Street

3. NAME OF DECEASED (Type or Print) (First) Viola (Middle) Lamback (Last) Stewart

4. DATE OF DEATH (Month) 10 (Day) 8 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Separated	3/20/00	55 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	— — — — —	Georgia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Lamback	Lula Oliver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.9 IMMEDIATE CAUSE (A) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B) Carcinomatosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— —	— — — —	YES ☑ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8/14, 1952, to 10/8, 1955, that I last saw the deceased alive on 10/8, 1955, and that death occurred at 7:00a.m., from the causes and on the date stated above.

SIGNATURE L. Benedict M.D. (L. Benedict, M. D.) **ADDRESS** (Street, city, town, state) Crownsville, Md. **DATE SIGNED** 10/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
10-17-55	10-17-55	Crownsville State Hosp.	Crownsville Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct 17 1955	Mrs K-M Joyce Rev FS Joyce	Arnold H. Eichert, M.D.	Crownsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09370

9325

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

Items 8,9,13,14 FilmG188 11-1-55 et

1. PLACE OF DEATH: COUNTY A.A. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C 47X-3
STREET ADDRESS (If rural, give location) "UNK"

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARCHETTA		STRANG	10	16	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	SINGLE	"UNK" 10-4-34	about 21 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DANCER	ENTERTAINER	West Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
"UNK" Glen Strang	"UNK" Ina Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		White & Coulter Funeral Home W. Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
850X Immediate cause (a) Drowning	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Boat (14ft) turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C Trumbauer	MD	Annapolis Md	10/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10-22-55	Mt. View Mem. Park	Richwood	W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 22, 1955	J. C. Brunch	White & Coulter Funeral Home	Richwood W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09371

9367

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Anne Arundel

City or town: Gambrills (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Ten years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Gambrills (If outside city or town limits, write RURAL and give nearest town) X

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lacy B. Matthews Swift

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age 93 years

7. Birth date of deceased (mo., day, yr.): Oct 3 1862

8. AGE: Years 93 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Baltimore City Md (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: School teacher

FATHER 12. Name: Samuel H Matthews

FATHER 13. Birthplace: Baltimore Md

MOTHER 14. Maiden name: Ruth Branson

MOTHER 15. Birthplace: Va

16. Informant: Rebecca W. Higgins

Address: Gambrills Md

17. Darlington Harford Co Md Date thereof: Oct. 27 1955 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Burial

Location: Harford Co, Md

18. Funeral director: H. B. Bailey

Address: Darlington Md

19. Oct. 26 1955 (Date rec'd by registrar) Edith Kirk Registrar

Catherine M Joyce

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 24 1955 at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1953 to Oct 24 1953 and that I last saw h[illegible] alive on Oct. 24 1955

Immediate cause of death	DURATION
Old Age	
Due to: 794X	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: 0 Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dacy H MacNemar M. D. or other

Address: Millersville Md Date signed: Oct 26 55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09372

9368

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severn — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crystal Springs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Severn, Md.
STREET ADDRESS (If rural, give location) Crystal Springs

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Tabbs (Last) Taft
4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 55

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-14-1869
9. AGE last birthday: 86 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Clara Cashen - Crystal Springs - Severn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a) Acute Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1 55, 19..., to Oct 27, 19 55, that I last saw the deceased alive on Oct 26 55, 19..., and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Lippincott M.D. Severn Md 10-28-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-31-55
NAME OF CEMETERY OR CREMATORY: Mt. Auburn
LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 10/31/55
REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Thomas E. Kelson Jr. ADDRESS: 1303 Eutaw St Baltimore, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09373

9369

CERTIFICATE OF DEATH

Item 9, Film 188 10-31-55 et Item 3, Film 188 10-31-55 et

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 3yrs.3mo.19days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City 3Y01-4

STREET ADDRESS (If rural give location) 912 Brooks Lane ✓

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) Alias: Thrower (Last) Ames Trower

4. DATE OF DEATH (Month) 10 (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Married	March 7, 1889	66? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Virginia	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Trower	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes ✓	WW I	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

464X IMMEDIATE CAUSE (A) Pulmonary embolism

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Phelibitis of left arm

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - -	- - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - - - - - M.		- - - - -

22. I hereby certify that I attended the deceased from June 24, 1952, to October 13 1955, that I last saw the deceased alive on Oct. 13, 1955, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE (L. Benedict,) M.D. ADDRESS (Street, city, town, state) Crownsville Maryland DATE SIGNED Oct. 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/17/55	Baltimore National Cemetery	Baltimore Maryland

24. REC'D BY REGISTRAR DATE OCT 17 1955	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Katherine M. Joyce	Geo. L. Kelson 1348 Calhoun St

9370

09374 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY AA
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Friendship X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) CRYSTAL (Middle) E (Last) TUCKER

4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 8-16-1898

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Guy Everefield Jenkins

14. MOTHER'S MAIDEN NAME: Carrie Christal Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Guy E. Jenkins, Quaker Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 982X (a) RIGHT HEMOTHRAX

DUE TO STAB WOUND OF RIGHT CHEST

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes X No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy X Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide X, Undetermined cause ☐.

SIGNATURE Paul Emery M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. X DATE SIGNED 10-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF 10-24-55 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 10/24/55 | REGISTRAR'S SIGNATURE Geo. West Williams | **24. FUNERAL DIRECTOR** C.S. Ives ADDRESS Arlington Va.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09375

9371

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (In this place): 4yrs.8mos.4days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3 Vol-4

STREET ADDRESS (If rural give location): 1225 E. Monument Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Washington

4. DATE OF DEATH: (Month) 10 (Day) 24 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Male	Negro	Single	1892	63 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	South Carolina	U. S.

13. FATHER'S NAME: Samuel Washington

14. MOTHER'S MAIDEN NAME: Della Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	— — — — —	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

518X IMMEDIATE CAUSE (A) Myocardial Insufficiency — Interval between onset and death: 1 day

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Empyema right lung — 2 weeks

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with cerebral arteriosclerosis — 5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — — — — — — — — — — — — — — —	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — — — —	— — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — M.		— — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 10/24, 19 55, that I last saw the deceased alive on 10/24, 19 55, and that death occurred at 10:35 AM, from the causes and on the date stated above.

SIGNATURE: Edgard Heard Kerr M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 10/24/55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10/28/55	Mt. Calvary	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
OCT 31 1955	Katherine M. Joyce	C. D. Wilson	1000 Boantly Ave.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09376

9372

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort George G. Meade

LENGTH OF STAY (in this place): 1½ years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Kansas — COUNTY: Sedwick

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Wichita 54X-3

STREET ADDRESS (If rural give location): 2303 S. Emporia

3. NAME OF DECEASED (Type or Print): (First) Della (Middle) Elaine (Last) Welsch

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	October 27, 1955	yrs.		6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME: William Perry Welsch, Jr.

14. MOTHER'S MAIDEN NAME: Helga Gasteiger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Mother, 1560 Lambert Road Fort G.G. Meade, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

750X IMMEDIATE CAUSE (A) Anencephaly — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Oct, 1955, to 27 Oct, 1955, that I last saw the deceased alive on 27 Oct, 1955, and that death occurred at 6:30 A M, from the causes and on the date stated above.

SIGNATURE Leon E. Kassel, MD — Leon E. Kassel, MD M.D. — **ADDRESS** (Street, city, town, state) Fort George G. Meade, Md. — **DATE SIGNED** 27 Oct 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	28 Oct 55	Post Cemetery	Fort George G. Meade, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
27 Oct 55	WM. L. SAYLOR, 1/Lt MSC	CHAPLAIN QUIGLEY

2005312445

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09377

Item 18 Film G188 11-9-55 ams

CERTIFICATE OF DEATH

9326

Reg. Dist. No. 2/

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 157 O'Berry Ct

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 157 O'Berry Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nancy		Wilkerson	10-23 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Fe	Colored	W.	12-25 1894	60 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Peter Jones	Lydia Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	— —	Bradley Jones 157 O'Berry Ct. Annap Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1 IMMEDIATE CAUSE (A) Heart Congestive failure

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8-27-55, 19..., to 10-25-55, 19..., that I last saw the deceased alive on 10-23, 19 55, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS (Street, city, town, state) 62 Cathedral St — DATE SIGNED 10-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-26-55	Asbury	Annapolis Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Oct. 25, 1955	Wm. J. Frenchy	William Reese II Annapolis, Md.

Buried 12-20-55 Delmar Memorial Park
Williamsport, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09378

9373

CERTIFICATE OF DEATH

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 5 mos. 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): Not given 1032 N. Arquith St

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Wingate

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Married	Unknown	63 (63) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unk.	Darlington S.C.	U.S.A.

13. FATHER'S NAME: Jerry Wingate

14. MOTHER'S MAIDEN NAME: Salina (Maiden name unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral vascular accident

DUE TO

0486X (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CNS Lues

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - -	- - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	- - -	- - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
- - - M.		- - -

22. I hereby certify that I attended the deceased from 5/2, 19 55, to 10/12, 19 55, that I last saw the deceased alive on 10/12, 19 55, and that death occurred at 1:30 A.M. from the causes and on the date stated above.

SIGNATURE L. Benedict M.D. (L. Benedict, M. D.) — ADDRESS (Street, city, town, state) Crownsville, Md. — DATE SIGNED 10/12/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-16-55	Darlington S.C.	S. Carolina

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Oct. 20, 1955	Katherine M. Joyce	Elroy O. Wilson	1000 Brantley ave